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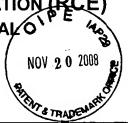
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## REQUEST

FOR

**CONTINUED EXAMINATION** TRANSMITTAL O

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450



| Application Number     | 10/501,401    |            |  |
|------------------------|---------------|------------|--|
| Filing Date            | July 15, 2004 |            |  |
| First Named Inventor   | KACHI et al   |            |  |
| Group Art Unit         | 1618          | <u>د</u> ا |  |
| Examiner Name          | Silverman     | (•         |  |
| Attorney Docket Number | ARC-1232-31   |            |  |

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

| 1.                                                                                                                                                                                                                                                                                                                                  | 1. Submission required under 37 C.F.R. § 1.114.                                                                                                                                                                                                                                     |                   |                 |                                                                                                                                                                                                       |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
|                                                                                                                                                                                                                                                                                                                                     | a.                                                                                                                                                                                                                                                                                  |                   |                 | ly submitted (Note: Any previously filed unentered amendments will be entered unless applicated ones not wish to have previously filed unentered amendment(s) entered, applicant must request nut(s). |           |
|                                                                                                                                                                                                                                                                                                                                     | •                                                                                                                                                                                                                                                                                   | i.<br>ii.<br>iii. | Cons            | sider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed onsider the arguments in the Appeal Brief or Reply Brief previously filed on                                                    |           |
|                                                                                                                                                                                                                                                                                                                                     | b.                                                                                                                                                                                                                                                                                  | i.<br>ii.<br>iii. | ☐ Affid ☐ Infor | ndment/Reply<br>avit(s)/Declaration(s)<br>mation Disclosure Statement (IDS)                                                                                                                           |           |
| 2.                                                                                                                                                                                                                                                                                                                                  | М                                                                                                                                                                                                                                                                                   |                   | Othe            | TD 0000 06104                                                                                                                                                                                         | ns of     |
|                                                                                                                                                                                                                                                                                                                                     | a.<br>b.                                                                                                                                                                                                                                                                            |                   |                 | ion of action on the above-identified application is requested under 37 C.F.R. ofmonths. (Period of suspension shall not exceed 3 months; Fee under 37 C                                              |           |
| 3.                                                                                                                                                                                                                                                                                                                                  | F                                                                                                                                                                                                                                                                                   | ees               | The RCE         | ee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.                                                                                                                  |           |
|                                                                                                                                                                                                                                                                                                                                     | a. ☐ Applicant claims "small entity" status. b. ☐ Fees are attached as calculated below: i. ☐ RCE fee required under 37 C.F.R. § 1.17(e) 810.00 (1801)/\$405.00 (2801) \$ 810.00 ii. ☐ Petition is made to extend the due date months (less months previously paid) \$ iii. ☐ Other |                   |                 |                                                                                                                                                                                                       |           |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                     |                   |                 |                                                                                                                                                                                                       |           |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                     | November 20, 200  | 25,327<br>08    |                                                                                                                                                                                                       |           |
| CERTIFICATE OF MAILING OR TRANSMISSION                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                     |                   |                 |                                                                                                                                                                                                       |           |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on: |                                                                                                                                                                                                                                                                                     |                   |                 |                                                                                                                                                                                                       |           |
|                                                                                                                                                                                                                                                                                                                                     | Nan                                                                                                                                                                                                                                                                                 | ne (P             | rint Type)      | 11/21/2008 SZEWDIE1 6                                                                                                                                                                                 |           |
|                                                                                                                                                                                                                                                                                                                                     | 5                                                                                                                                                                                                                                                                                   | Signal            | ture            | Date #1 FC:1801                                                                                                                                                                                       | 40 80.018 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,

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**FOR** 

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| 1.                                                                                                                                                                                                                                                                                                                                  | Submission required under 37 C.F.R. § 1.114.                                                                                                                                                                                    |                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |
|                                                                                                                                                                                                                                                                                                                                     | a.                                                                                                                                                                                                                              |                   |                                                   | y submitted (Note: Any previously filed unentered amendments will be entered unless applic<br>ones not wish to have previously filed unentered amendment(s) entered, applicant must request refer<br>the state of the control |                      |
|                                                                                                                                                                                                                                                                                                                                     | h                                                                                                                                                                                                                               |                   | ☐ Cons                                            | ider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed onider the arguments in the Appeal Brief or Reply Brief previously filed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |
|                                                                                                                                                                                                                                                                                                                                     | D.                                                                                                                                                                                                                              | i.<br>ii.<br>iii. | <ul><li>Ame</li><li>Affid</li><li>Infor</li></ul> | ndment/Reply<br>avit(s)/Declaration(s)<br>mation Disclosure Statement (IDS)<br>r <u>Declaration of Sakaguchi w/partial English franslatio</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ns of                |
| 2.                                                                                                                                                                                                                                                                                                                                  | TD 0000 00101 TD 0000 10TT 0000                                                                                                                                                                                                 |                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 113 01               |
|                                                                                                                                                                                                                                                                                                                                     | a. Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period ofmonths. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)             |                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |
|                                                                                                                                                                                                                                                                                                                                     | b.                                                                                                                                                                                                                              |                   | Other _                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ·                    |
| 3.                                                                                                                                                                                                                                                                                                                                  | Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.                                                                                                                              |                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |
|                                                                                                                                                                                                                                                                                                                                     | <ul> <li>a. ☐ Applicant claims "small entity" status.</li> <li>b. ☒ Fees are attached as calculated below:</li> <li>i. ☒ RCE fee required under 37 C.F.R. § 1.17(e)</li> <li>810.00 (1801)/\$405.00 (2801) \$ 810.00</li> </ul> |                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                 |                   | Othe                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | usly paid)  \$<br>\$ |
| •                                                                                                                                                                                                                                                                                                                                   | c. ☐ Check in the amount of \$ enclosed. d. ☑ Payment by credit card (credit card payment form attached) in the amount of \$ 810.00                                                                                             |                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · ».                 |
|                                                                                                                                                                                                                                                                                                                                     | e. The Director is hereby authorized to charge any deficiency in the fee(s) filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm), to Deposit Account No. 14-1140 |                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                 |                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |
| Name (Print Type) Arthur R. Gray ford                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                 | rint Type)        | Negratiation rec. (Attorney/Agent)                | 25,327                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |
|                                                                                                                                                                                                                                                                                                                                     | Signature Date November 20, 2008                                                                                                                                                                                                |                   | 08                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |
| CERTIFICATE OF MAILING OR TRANSMISSION                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                 |                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |
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|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                 | Signa             | ture                                              | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |

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